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Bib Data Sheet

CONFIRMATION NO. 1027

SERIAL NUMBER 09/918,027	FILING DATE 07/30/2001 RULE	CLASS 713	GROUP ART UNIT 2116	ATTORNEY DOCKET NO. 10018842-1
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APPLICANTS

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** CONTINUING DATA *****

None *SKT*

** FOREIGN APPLICATIONS *****

None *SKT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/03/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials		

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TITLE

Computer system with backup management for handling embedded processor failure

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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